MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11351

11353

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1yr6mo17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01-4
STREET ADDRESS (If rural give location) 1711 Lanvale Street

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) (Last) AIPIE (AIPLE)

4. DATE OF DEATH: (Month) December (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-19-83
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: John Aiple
14. MOTHER'S MAIDEN NAME: Sophie Euguh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) General arteriosclerosis — 4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Gangrene of toe - Terminal parasthis mouths

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with cerebral arteriosclerosis and chronic alcoholism. — Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2, 1954, to 12-14, 1954, that I last saw the deceased alive on 12-14, 1954, and that death occurred at 4:25 PM, from the causes and on the date stated above.

SIGNATURE Edmund Lusthaus — ADDRESS M.D. Springfield State Hospital — DATE SIGNED 12-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 12/17/54
NAME OF CEMETERY OR CREMATORY BALTIMORE CEMT.
LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-16-54
REGISTRAR'S SIGNATURE C.L. Hedrick
24. FUNERAL DIRECTOR C.F. Hoffmann ADDRESS 2219 Lake Ave (13)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11352

11354 CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Md.
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 11, Md. 3W014
STREET ADDRESS (If rural give location) 1353 W. 42nd St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Alisea

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 11/11/71
9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hand ironer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Santo
14. MOTHER'S MAIDEN NAME: Johanna Heverley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Edna Robey, 1353 W. 42nd St. Balt. 11, M.d.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
002X IMMEDIATE CAUSE	(A) Bronchopneumonia	24hrs
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Pulmonary Tuberculosis	possibly years
	DUE TO	
	(C) Arteriosclerotic-cardiovascular Disease	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chronic Brain Syndrome associated with Senility	years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21/54, 19....., to 12/24....., 1954, that I last saw the deceased alive on 12/24/54....., 19....., and that death occurred at 4:15P.M. from the causes and on the date stated above.
SIGNATURE Ray M. Hays M. D. ADDRESS Springfield State Hosp. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/28/54
NAME OF CEMETERY OR CREMATORY St. Mary's
LOCATION (City, town, or county) (State) Hanover

DATE REC'D BY LOCAL REGISTRAR 12-27-54
REGISTRAR'S SIGNATURE G. H. Detroit
24. FUNERAL DIRECTOR Paul E. Lehmann
ADDRESS 3617 Liberty Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11353

11355 CERTIFICATE OF DEATH Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City (24) 3N01-4
STREET ADDRESS (If rural give location) 2910 E. Pratt Street

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) BAUER
4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 11 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: not known
9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christoph Bauer
14. MOTHER'S MAIDEN NAME: Emma Lauterbach
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Myocardial infarction — Hours
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerotic cardiovascular disease — Years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C) Extensive decubitus — 6 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral Arteriosclerosis — 18 months

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-29, 1954, to 12-11, 1954 that I last saw the deceased alive on 12-10 1954, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Walter K. Sommerfeld
ADDRESS M.D. Springfield State Hosp.
DATE SIGNED 12-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Dec. 13. 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR 12-13-54
REGISTRAR'S SIGNATURE A.W.Hedrich
24. FUNERAL DIRECTOR HENRY SANDER & SONS. INC. Baltimore Md.
ADDRESS Henry Sander

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11354

11355

Item 2, FilmC175 1-13-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 9yr1mo7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 21-2
STREET ADDRESS (If rural give location) Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) F. (Last) BECK

4. DATE OF DEATH: (Month) (Day) (Year) December 31 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-18-88

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard J. Beck

14. MOTHER'S MAIDEN NAME: Mary Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-18-8561

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Pulmonary embolism, — INTERVAL BETWEEN ONSET AND DEATH: 32 hrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO myocardial infarcts — years.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia, simple type. — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 19 54 to 12-31, 1954, that I last saw the deceased alive on 12-31, 19 54, and that death occurred at 9 40 M, from the causes and on the date stated above.

SIGNATURE Walther H. Arnundelds. M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 4, 1955

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-3-56

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Ticknor & Sons ADDRESS Balto. 17, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11355

MARYLAND

11357

CERTIFICATE OF DEATH

STATE DEPARTMETT OF HEALTH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Westminster
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Westminster
STREET ADDRESS (If rural, give location) Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) Mae (Last) Brothers

4. DATE OF DEATH (Month) 12/23/54 (Day) (Year) 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 12/25/1895

9. AGE last birthday 58 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ezra Byers

14. MOTHER'S MAIDEN NAME Mary Hingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 216-14-6031

17. INFORMANT AND ADDRESS James E. Brothers Westminster, Md. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4221 Arterio sclerotic cardio Vascular disease with Fibrillation — Interval Between Onset and Death: 1 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) cerebral embolism — June 19/54

(c) Embolism Lt Leg with Gangrene Lt mid Thigh amputation — Aug 1954

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1954, to Dec 23, 1954, that I last saw the deceased alive on December 23, 1954 and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur Speicher ADDRESS Westminster Md DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 12/26/54

NAME OF CEMETERY OR CREMATORY Kriders Cemetery

LOCATION (City, town, or county) (State) Nr. Westminster, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 12-24-54

REGISTRAR'S SIGNATURE Hamit Miller

24. FUNERAL DIRECTOR ADDRESS J. W. Little & Son. Littlestown, PA.

Per R. A. Little - Partner.

RECEIVED
DEC 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11351

11356

CERTIFICATE OF DEATH

Reg. Dist. No.....

Items 5 6 7 FilmG175 12-27-54 et

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

LENGTH OF STAY (in this place) 11 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 85 W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster

STREET ADDRESS (If rural, give location) 85 W. Main

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) PATSON (Last) BROWN

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 23-1894

9. AGE last birthday: 60 yrs.

IF UNDER 1 YEAR — Months | Days | IF UNDER 24 HRS. — Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce dealer Ret.

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton S. Brown

14. MOTHER'S MAIDEN NAME: Fannie E. Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-32-3317

17. INFORMANT & ADDRESS: Mrs Jennie Harman Brown 85 W. main Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval between onset and death: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) arteriosclerotic C-V disease — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. ....., 19 54, to Dec 17 ....., 19 54, that I last saw the deceased alive on Dec 15 ....., 19 54, and that death occurred at 11 45 A.M., from the causes and on the date stated above.

SIGNATURE James T. Marsh (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 12/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 20-1954 — NAME OF CEMETERY OR CREMATORY Wrights Reformed Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. Dec 21 1954 — REGISTRAR'S SIGNATURE Hamit Miller

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11357

11358 CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) BELLE (Last) BROWN

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10/14/1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Thomas Jones

14. MOTHER'S MAIDEN NAME: Angeline Sellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: T. A Brown, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1954, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. E. Robertson M D — ADDRESS New Windsor, Md — DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/20/54 — NAME OF CEMETERY OR CREMATORY Sams Creek Cem — LOCATION (City, town, or county) New Windsor Rural Md (State)

DATE REC'D BY LOCAL REGISTRAR Dec 20 1954 — REGISTRAR'S SIGNATURE Cassie L Bruchart — 24. FUNERAL DIRECTOR / ADDRESS D. O. Hartzler & Sons New Windsor, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11358

2411 N. Charles Street, Baltimore

11359

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WINFIELD (Middle) B (Last) BROWN

4. DATE OF DEATH (Month) DEC. (Day) 16 (Year) 1954

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH 1-29-1878

9. AGE last birthday 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm laborer

10b. KIND OF BUSINESS OR INDUSTRY. farming

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Alice Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Earl Brown--brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible]; and that death occurred at 1 A.M. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 12-19-1954 | NAME OF CEMETERY ~~OR CREMATORY~~ Fairview | LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. 12-19-1954 | REGISTRAR'S SIGNATURE E. M. Farver

24. FUNERAL DIRECTOR C.M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11359

11360 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1 PLACE OF DEATH:
COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
MARYLAND
LENGTH OF STAY (in this place) since 4/27/44
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 801 N. Milton Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Francis (Last) CADA

4. DATE OF DEATH (Month) December (Day) 5 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8 DATE OF BIRTH: April 21, 1879

9. AGE last birthday: 75
IF UNDER 1 YEAR Months — Days —
IF UNDER 24 HRS. Hours — Min. —

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none ~~laborer~~

10B. KIND OF BUSINESS OR INDUSTRY: --- none

11. BIRTHPLACE (State or foreign country): Bohemia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Cada

14. MOTHER'S MAIDEN NAME: Barbara Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. ~~unknown~~ none

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis with hypertension — more than 10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST — DUE TO (C) ---

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH: Paranoid condition in a physically handicapped individual — more than 10 yrs.

19A OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? YES ☒ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) ---

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 5, 1954, that I last saw the deceased alive on Dec. 5, 1954, and that death occurred at 2:45PM, from the causes and on the date stated above.

SIGNATURE Martin Gross, M D — ADDRESS Martin Gross, M D Sykesville, Maryland — DATE SIGNED Dec. 6, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/9/54
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): Belair Rd. Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-8-54
REGISTRAR'S SIGNATURE: A R. Hetrick

24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc.
ADDRESS: 2601-3-5 E. Madison St.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11360

MARYLAND STATE DEPARTMENT OF HEALTH

11361

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg
LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg
STREET ADDRESS (If rural, give location) Westminster R 4

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Minda (Last) Cochran

4. DATE OF DEATH: (Month) Dec. (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1904

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Annie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO.: 212-28-3074

17. INFORMANT AND ADDRESS: Vincent B. Cochran 4 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) moderate arteriosclerosis with severe hypertension (about 2 years)

(c)

INTERVAL BETWEEN ONSET AND DEATH: hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1954, to Dec. 24, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Reese Wilkens, M.D. Westminster, Md. 12/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 24, 1954 | NAME OF CEMETERY OR CREMATORY: Meadow Branch Cemetery | LOCATION (City, town, or county) (State): near Westminster, Md.

DATE REC'D BY LOCAL REG.: Dec 27 1954 | REGISTRAR'S SIGNATURE: Hazel Miller | 24. FUNERAL DIRECTOR: John R. Byers | ADDRESS: Westminster, Md.

Items 8,13 & 14 received from Funeral Director. 1/4/54 jst

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11361

11362

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS 1213 W. Baltimore St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) S. (Last) Cole

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1954

5. SEX: f | 6. COLOR OR RACE: w | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH: June 26 1873 | 9. AGE last birthday 81 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): W. Virginia | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles Smith ?

14 MOTHER'S MAIDEN NAME: Emily Culp ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Frederick Cole 1200 W. Lombard St, Baltimore

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Cerebral hemorrhage	Few hours
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Generalized arteriosclerosis	years
	DUE TO	
	(C) Chronic Schizophrenia	many years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1939 to 12/29, 1954, that I last saw the deceased alive on 12/29, 1954, and that death occurred at 825 AM, from the causes and on the date stated above.

SIGNATURE A. Lubizska ADDRESS M. D. Springfield Hospital DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 12-31-54 | NAME OF CEMETERY OR CREMATORY Harmony | LOCATION (City, town, or county) (State) Berkley Co., W. Va.

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1954 | REGISTRAR'S SIGNATURE J. Harris Ulrich

24. FUNERAL DIRECTOR Fred R. Cole ADDRESS 1913 W. Balto. St.

VS. A15.—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1955
BUREAU V.

11363

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11363 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 122 Market Place

3. NAME OF DECEASED: (First) CHARLES (Middle) (Last) COVINGTON
4. DATE OF DEATH (Month) DECEMBER (Day) 2 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 18, 1903	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): York
12. CITIZEN OF WHAT COUNTRY? York

13. FATHER'S NAME: John Covington
14. MOTHER'S MAIDEN NAME: Nancy ? —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) York (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: York
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Methyl alcohol poisoning — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Deferred

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Not known
21c. (City or town) Baltimore (County) (State) Maryland
21d. TIME OF INJURY (Month) Nov. (Day) 20, (Year) 1954 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-8-54	University Medical School	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 8, 1954	C. Harvey Tyler	Francis A. Tumulty	578 W. Baltimore St.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11363

11364

CERTIFICATE OF DEATH

Reg. Dist. No. 7 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 10yr6mo. 4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 2211 W. Rogers Ave.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) E. (Last) DIGGS

4. DATE OF DEATH: (Month) (Day) (Year) December 15 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 2, 1859

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Meile

14. MOTHER'S MAIDEN NAME: Elizabeth Buler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Myocardial disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis, paranoid type. — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1954, to 12-15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 11:15 A M, from the causes and on the date stated above.

SIGNATURE W. H. Sonnenfield M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12/18/54 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 12-17-54 — REGISTRAR'S SIGNATURE A. W. Hedrick — 24. FUNERAL DIRECTOR Wm. J. Dickerson & Sons — ADDRESS Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11364

11365 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 8yr.7mo. 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 1,
STREET ADDRESS (If rural give location) 510 W. Mulberry Street

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) (Last) DOBSON

4. DATE OF DEATH (Month) (Day) (Year) December 28 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 11-26-98

9. AGE last birthday: 56 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Bernstein

14. MOTHER'S MAIDEN NAME: Goldie Goldstein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardiovascular disease — Years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with syphilitic meningo-encephalitis (long standing asymptomatic) — Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 1954 to 12-28.., 1954, that I last saw the deceased alive on 12-28.., 1954., and that death occurred at 8:30 A M, from the causes and on the date stated above.

SIGNATURE Edward Linsthan, M. D — ADDRESS Springfield State Hosp. — DATE SIGNED 12-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Dec. 29, 1954 — NAME OF CEMETERY OR CREMATORY: Mikvah Israel — LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECD. BY LOCAL REGISTRAR: 12-29-54

REGISTRAR'S SIGNATURE: A.W. Hedrick dmr.

24. FUNERAL DIRECTOR: Lennon & Son — ADDRESS: 1124 W. Mulberry Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11365

11366 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1 yr. 7 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24, Maryland
STREET ADDRESS (If rural give location) 3638 Roberts Place

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Hartman (Last) Drescher

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 8-17-1882

9. AGE last birthday 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Hartman

14. MOTHER'S MAIDEN NAME: Eva Lechner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-20-7799

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

221x

IMMEDIATE CAUSE (A) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral hemorrhage — 4 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Cerebral Arteriosclerosis — 2 years and longer

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome, senile brain disease — 2 years and longer

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 23, 1954, to Dec. 10, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE ADDRESS DATE SIGNED
Perlee Sorrenfeldt M.D. Springfield State Hospital Sykesville Md. 12-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec. 14, 1954

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-13-54

REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11366

11367

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg Rural — LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ulysess (Middle) G (Last) Duvall

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 8 1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George W. Duvall

14. MOTHER'S MAIDEN NAME: Mary Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Jennie Shaughnessy - Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic C-V disease — DUE TO — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 1954, to Dec 6, 1954, that I last saw the deceased alive on Dec. 1, 1954, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE James T. Monroe (DEGREE OR TITLE) M.D. ADDRESS Woodbine Md. DATE SIGNED 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12-8-54

NAME OF CEMETERY OR ~~CREMATORY~~ New Freedom

LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. Dec. 7, 1954

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Luther H. Haight - Sykesville, Md. ADDRESS

11367

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11368

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 27yr6mo20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) Unk -

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) L. (Last) FINKELSTEIN

4. DATE OF DEATH: (Month) (Day) (Year) December 13 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated

8. DATE OF BIRTH: December 16, 1898

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleslady

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk -

14. MOTHER'S MAIDEN NAME: Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiovascular disease - heart failure — 36 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Lobar pneumonia — 2 days

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Dementia Praecox - excited type. — Many Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1954, to 12-13, 1954 that I last saw the deceased alive on 12-13, 1954, and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE Edmund Lustman — ADDRESS M. D. Springfield State Hospital — DATE SIGNED 12-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 12-15-54 — NAME OF CEMETERY OR CREMATORY Hebrew Herrung Sam — LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR Dec. 14, 1954 — REGISTRAR'S SIGNATURE C. Harry Elsen

24. FUNERAL DIRECTOR Jack Levin — ADDRESS 216 Catawba Ave

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11368

CERTIFICATE OF DEATH

11369

Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg; LENGTH OF STAY (in this place) 62 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R.D 7

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frizellburg; STREET ADDRESS (If rural, give location) Westminster R.D. 7

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) RAYMOND (Last) FLICKINGER

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 26-1892

9. AGE Last birthday: 62 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Warns Coal Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elwood J. Flickinger

14. MOTHER'S MAIDEN NAME: Mary Alice Wantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 220-16-1303

17. INFORMANT & ADDRESS: Mrs Clarence Garber R.D. 7 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
442 Immediate cause	(a) Pulmonary Edema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Heart Failure.	14 days.
	DUE TO (c) Hypertensive Cardiovascular Renal Disease	over 4 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 19 54, to 12/26, 19 54, that I last saw the deceased alive on 12/26, 19 54, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE Galen Monton (DEGREE OR TITLE) M.D. ADDRESS Westminster Md. DATE SIGNED 12/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Dec. 28, 1954; NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery; LOCATION (City, town, or county) Pleasant Valley, (State) Md.

DATE REC'D BY LOCAL REG. Dec 28 1954; REGISTRAR'S SIGNATURE Harold Miller

24. FUNERAL DIRECTOR: D. Bankard Son; ADDRESS Westminster, Md.

11369

MARYLAND 11370

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Mayberry | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Uniontown District Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Mayberry
STREET ADDRESS (If rural, give location) Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) Clinton (Middle) E. (Last) Foglesong
4. DATE OF DEATH (Month) 12/2/54 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/13/1871
9. AGE last birthday: 83 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Uriah Foglesong
14. MOTHER'S MAIDEN NAME: Elizabeth Strevig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Francis Foglesong Westminster, Md. R-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 3 days

Antecedent cause(s) (b) Cerebral Arteriosclerosis — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 15 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ..., 19 47, to Dec. ..., 19 54, that I last saw the deceased alive on 11/29 ..., 19 54, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. I. McVaugh M.D. Taneytown, Md. 12/2/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/4/54 | NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery | LOCATION (City, town, or county) (State): Silver Run, Carroll Co., Md

DATE REC'D BY LOCAL REG.: Dec. 4, 1954 | REGISTRAR'S SIGNATURE: Margaret R. Englar | 24. FUNERAL DIRECTOR ADDRESS: J. W. Little & Son. Littlestown, PA.
Per R. A. Little

RECEIVED
DEC 14 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11370

11371 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Sykesville
COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
MARYLAND
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED Howard
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) H. (Last) Glascock
4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S, ingle
8. DATE OF BIRTH: [illegible] 1887
9. AGE last birthday 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Manager
10B. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): [illegible] Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Glascock
14. MOTHER'S MAIDEN NAME: Barbara Waugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours

DUE TO

ANTECEDENT CAUSE (S) (B) Cerebral arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome, cerebral arteriosclerosis — years

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/22, 1954, to 12/26, 1954, that I last saw the deceased alive on 12/25, 1954., and that death occurred at 7:20 P.M, from the causes and on the date stated above.
SIGNATURE Gertrude M. Fox, M.D. M. D.
ADDRESS Sykesville, Md
DATE SIGNED 12/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-28-54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REGISTRAR Dec 27 1954
REGISTRAR'S SIGNATURE C. [illegible]
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11371

11372

CERTIFICATE OF DEATH

Reg. Dist. No. 71

item 5 will 17a 1-3-a-5 et

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 2yrs. 6mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lyttlestown Baltimore
STREET ADDRESS (If rural give location) 5 S. Paster St Springfield State Hosp.

3. NAME OF DECEASED (Type or Print): (First) Jadwiga (Middle) -- (Last) Glodek (Wilczorek)

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 19 54

5 SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH. About 1882 | 9 AGE - Last Birthday Approx. 72 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME. Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. ----
17. INFORMANT & ADDRESS. Milton Alexandrowicz 1045 Upton Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary thrombosis	1 hr.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Generalized arteriosclerosis	10 yrs.
	DUE TO (C)	

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION: ----- 19B. MAJOR FINDINGS OF OPERATION -----
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. -----
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 2-17- , 19 53 to 12-17- , 19 54 that I last saw the deceased alive on 12-15- , 19 54 ., and that death occurred at 5:45A M, from the causes and on the date stated above.

SIGNATURE M. W. Martin, M.D. M.W. Martin M.D.
ADDRESS M. D. Springfield Hosp. Sykesville
DATE SIGNED 12-17-54

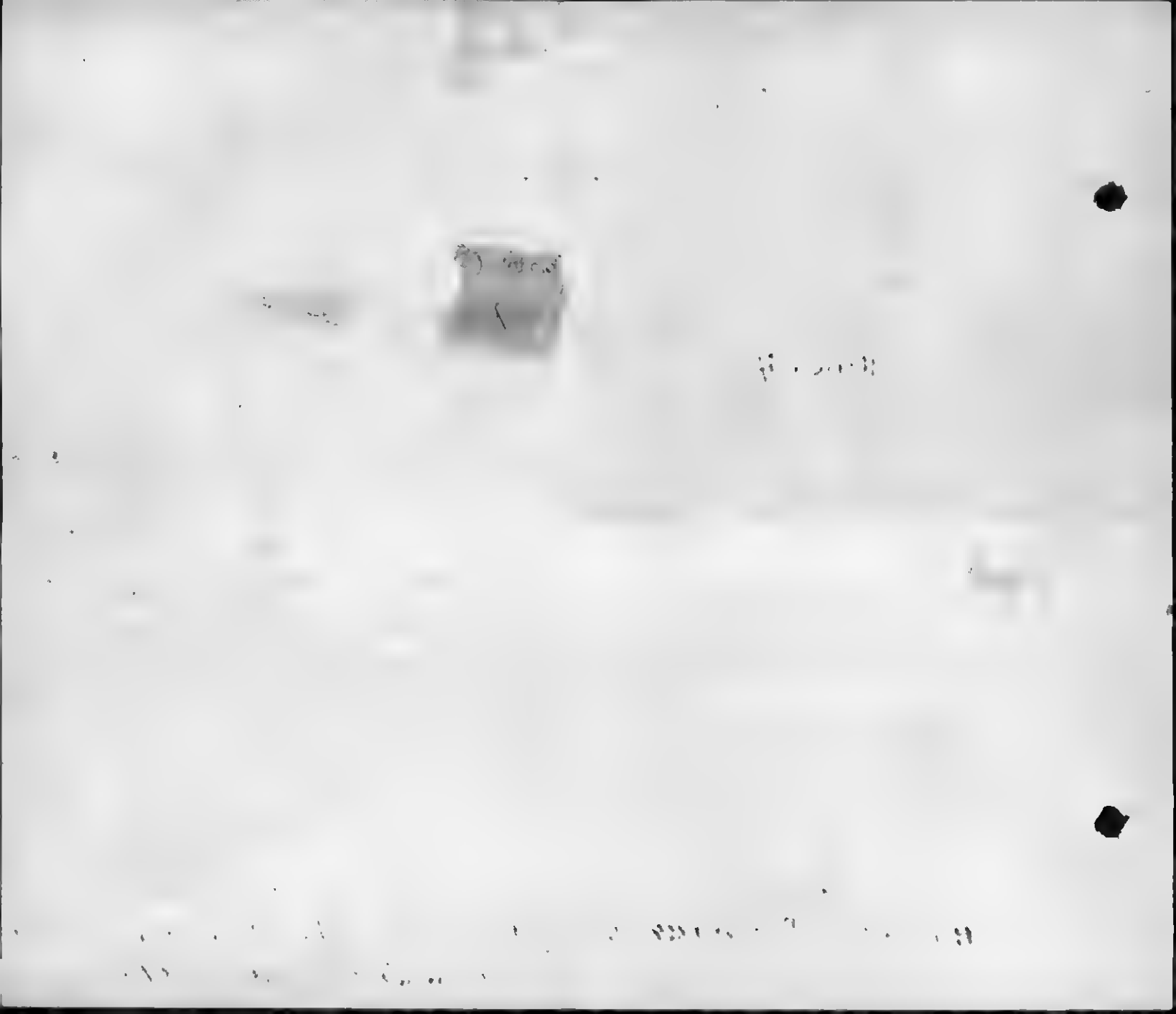
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial
DATE THEREOF Dec 21-1954
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 12/22/54
REGISTRAR'S SIGNATURE C. W. Hetrick
24. FUNERAL DIRECTOR Wm. S. Fialkowski
ADDRESS 2007 Eastern ave

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11372

11373 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) since 5/9/36
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 318 N. Poppleton

3. NAME OF DECEASED: (Type or Print) First: Morris (Middle): - (Last): GOLDBERG

4. DATE OF DEATH: (Month) December (Day) 20 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced

8. DATE OF BIRTH: unknown, presumably born in 1902.

9. AGE last birthday: 52 ? yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milkman

10B. KIND OF BUSINESS OR INDUSTRY: --- Work -

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Aaron Goldberg

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491 ?

IMMEDIATE CAUSE (A) Aspiration bronchopneumonia with gangrene — INTERVAL BETWEEN ONSET AND DEATH: about 2 days

ANTECEDENT CAUSE (B) DUE TO ---

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO ---

(C) ---

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with syphilitic meningo-encephalitis 20 yrs.

19A. DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) --- (County) --- (State) ---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY --- M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 20, 1954, that I last saw the deceased alive on Dec. 20, 1954, and that death occurred at 9:00PM, from the causes and on the date stated above.

SIGNATURE In Chas Gross M D Martin Gross, M. D. ADDRESS Sykesville, Md. DATE SIGNED 12/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 12-24-54 NAME OF CEMETERY OR CREMATORY Mt Carmel LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 22, 1954 REGISTRAR'S SIGNATURE C. Harry Iden

24. FUNERAL DIRECTOR Jack Lewis Jr. ADDRESS 2100 Eutaw Pl

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11374

11373

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R 4 Westminster
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reese

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R 4 Westminster
STREET ADDRESS Reese (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maurice (Middle) Clayton (Last) Green
4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1873
9. AGE last birthday: 81 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Green
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT AND ADDRESS: Stuart Green R. 4 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.7 Immediate cause	(a) Cardio-Vascular disease	about 5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Spinal Cord disease - Amyotrophic Lateral Sclerosis (Charcots disease)	7 years
	(c) Senility with vascular changes	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1947, to Dec. 1, 1954, that I last saw the deceased alive on Dec. 1, 1954, and that death occurred at 7.45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Billingslea	M. D.	Westminster, Maryland	12-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 4, 1954	St. John's Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 7 1954	Harriet Miller	John R. Byers	Westminster, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11375

CERTIFICATE OF DEATH

11374

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Carroll

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Henryton

LENGTH OF STAY (in this place): 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: /

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 22

STREET ADDRESS (If rural give location): 730 N. Pittsburg Ave.,

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) ELLEN (Last) GWATHNEY

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 12, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): King & Queen Co. Va.,

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Randall Lewis

14. MOTHER'S MAIDEN NAME: Frances Diggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Mrs. Mary Booker 730 New Pittsburg Ave.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Myocardial damage

DUE TO

(c) Pulmonary tuberculosis

Interval Between Onset And Death: 8-1-54

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23, 1954, to Dec. 9, 1954, that I last saw the deceased alive on Dec. 9, 1954, and that death occurred at 9:— A. m, from the causes and on the date stated above.

SIGNATURE (Degree or title): T.F. Westall M.D. ADDRESS: Henryton, Md. DATE SIGNED: 9-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12-13-54 — NAME OF CEMETERY OR CREMATORY: King William — LOCATION (City, town, or county) (State): King William Va.

DATE REC'D BY LOCAL REGISTRAR: 12-9-54 — REGISTRAR'S SIGNATURE: Albert R. Swanborn Deputy Local

24. FUNERAL DIRECTOR ADDRESS: Charles R. Law 802 Madison Ave.

VS. A15

11376

11375
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 6mos.22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): Montevue Home, Rt. #5

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) BURWELL (Last) HENDRY

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-13-68

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Hendry

14. MOTHER'S MAIDEN NAME: Condanic Windsor

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-12-0561-A

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Fracture of left hip	15 days
	(c) DUE TO General Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: CBS assoc. with circulatory disturbance, with cerebral arteriosclerosis, with psychotic reaction. Years

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Hospital

21c. (City or town) Sykesville (County) Carroll (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: 11-21-54

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: James T. Marsh — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED: 12/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: Dec.9,1954

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Crematory

LOCATION (City, town, or county) (State): Washington, D. C/

DATE REC'D BY LOCAL REG.: Dec. 8, 1954

REGISTRAR'S SIGNATURE: C. Henry Eckert

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

11376

MARYLAND — STATE DEPARTMETT OF HEALTH

11377

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) GERTIE (Middle) ELIZABETH (Last) HERBERT

4. DATE OF DEATH: (Month) DEC. (Day) 9 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 11-1-1888

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Hammond

14. MOTHER'S MAIDEN NAME: Mary Gillis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Elton Herbert, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Arrest - Coronary Thrombosis — 30 Nov 54

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac failure, arteriosclerosis — 9 Dec 54

(c) Hypertension, obesity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov, 1954, to 9 Dec, 1954, that I last saw the deceased alive on 9 Dec, 1954, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Howard E Hull MD — ADDRESS: Sykesville, Md — DATE SIGNED: 9 Dec 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 12-12-1954 — NAME OF CEMETERY OR CREMATORY: Winfield Church of God — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Dec. 11, 1954 — REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
DEC 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11377

CERTIFICATE OF DEATH

11378

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) 6 yrs. 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) May (Last) Hoffecker

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 1-23-74

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Alexandria, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Dewey

14. MOTHER'S MAIDEN NAME: Mary Sherwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: -Unk-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized arteriosclerosis — 12 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION -----

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ----

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----

(CITY OR TOWN) (COUNTY) (STATE) ----

TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 6-17-, 1948, to 12-1-, 1954, that I last saw the deceased alive on 12-1-, 1954 and that death occurred at 11:25 A.M., from the causes and on the date stated above.

SIGNATURE M. M. Martin, M.D. (Degree or title)

ADDRESS Springfield State Hospital - Sykesville, Md.

DATE SIGNED 12-1-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-4-54

NAME OF CEMETERY OR CREMATORY Belair Memorial Gardens

LOCATION (City, town, or county) (State) Bellair Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 2, 1954

REGISTRAR'S SIGNATURE C. Harry Dew

24. FUNERAL DIRECTOR Wm. Cook, Inc.

ADDRESS 1219 E. Fayette St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11378

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11379

CERTIFICATE OF DEATH

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Mt. Airy
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Mt. Airy
STREET ADDRESS (If rural, give location) Taylorsville

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) AGUSTUS (Last) HOOPER

4. DATE OF DEATH: (Month) DEC. (Day) 31, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 3-7-1887

9. AGE last birthday: 67 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jefferson D. Hooper

14. MOTHER'S MAIDEN NAME: Mary Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Jesse Hooper, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Occlusion — DUE TO — Interval Between Onset and Death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Arteriosclerotic C-V disease — DUE TO — Years.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James T. Moore M.D. — ADDRESS Westminster Md — DATE SIGNED 12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 1-2-1955 — NAME OF CEMETERY OR CREMATORY Taylorsville — LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. Jan. 1-1955 — REGISTRAR'S SIGNATURE S. M. Farver

24. FUNERAL DIRECTOR — ADDRESS C.M. Waltz, Winfield, Md.

RECEIVED
JAN 5 1975
BUREAU V. S.

11380

11379

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hampstead - rural
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3413 Forest Park Avenue Zone 16

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) B (Last) HORSEY

4. DATE OF DEATH (Month) Dec. (Day) 14 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 13, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: adv Specialty

11. BIRTHPLACE (State or foreign country): Seaford, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Berkley Horsey

14. MOTHER'S MAIDEN NAME: Lula Tull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Edith Marie Horsey 3413 Forest Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Gunshot wounds of head — INTERVAL BETWEEN ONSET AND DEATH —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street) office bldg., etc., INJURY Home

21c. (City or town) Mt Pleasant (County) Carroll (State) Md

21d. TIME (Month) OF INJURY Dec (Day) 14 (Year) 1954 (Hour) 10:30 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY Ooccur? Self inflicted Gunshot wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE Calvin J. Manor M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/14/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 17 1954

NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery

LOCATION (City, town, or county) Seaford (State) Delaware

DATE REC'D BY LOCAL REG. 12/15/54

REGISTRAR'S SIGNATURE Henry J. Wells

24. FUNERAL DIRECTOR ADDRESS Wm J. Tickner & Sons North & Penna. Ave., Baltimore, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11380

CERTIFICATE OF DEATH

11381

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Manchester
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampstead
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) W (Last) HOUCK

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Apr 19 1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer.

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Houck

14. MOTHER'S MAIDEN NAME: Sarah Null

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs. H. Houck - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 443X Cerebral Thrombosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertension C.V. Disease

DUE TO

(c)

Interval Between Onset And Death: (a) 5 days (b) 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950 to Dec. 15, 1954, that I last saw the deceased alive on 12-15, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.C. Carterfuse M.D. — ADDRESS Hampstead, Md — DATE SIGNED 12-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-19-54 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 16-1954 — REGISTRAR'S SIGNATURE Mrs. H.R. Demmer — 24. FUNERAL DIRECTOR Edw. R. Tipton — ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND 11382

11381

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

Item 2, FilmG175 12-28-54 et

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) Yrs, Mos, Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda 15X-2
STREET ADDRESS (If rural, give location) 7812 Maple Ridge Rd. Pine View Rest Home

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) JOBES

4. DATE OF DEATH: (Month) Dec. (Day) 17 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: May 14, 1886

9. AGE last birthday: 68 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Justice of the Peace

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Unk —

14. MOTHER'S MAIDEN NAME: Unk —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service) —

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemiplegia and genralized arteriosclerosis — more than 8 mo

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chron. brain syndrome ass. with circulatory disturbance with cerebr. arteriosclerosis with psychot. react. 8 months

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct. 30, 1953, to Dec. 17, 1954, that I last saw the deceased alive on Dec. 17, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) M.D.

ADDRESS Sykesville, Md.

DATE SIGNED Dec. 17-1954

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE 12/24/54

NAME OF CEMETERY OR CREMATORY Forest Oak

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. Dec. 19, 1954

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Forest A. Humphrey

ADDRESS 1515 Mt.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11382

11383 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
STATE MARYLAND
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1920 W. Lafayette Avenue

3. NAME OF DECEASED: (Type or Print) (First) Burnett (Middle) Edward (Last) Johns

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-15-01

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lunenburg County, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Johns

14. MOTHER'S MAIDEN NAME: Delia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 123-07-1817

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: Dec., 1951

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiac Insufficiency
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1952, to 12-28, 1954, that I last saw the deceased alive on 12-28-, 1954, and that death occurred at 4:05 a. m., from the causes and on the date stated above.

SIGNATURE T.F. Postal (Degree or title) M.D. ADDRESS Henryton State Hospital DATE SIGNED 12-28-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-31-54
NAME OF CEMETERY OR CREMATORY Lunenburg
LOCATION (City, town, or county) Lunenburg County (State) Va.

DATE REC'D BY LOCAL REGISTRAR 12-28-54
REGISTRAR'S SIGNATURE Albert R. Swanborn

24. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter
ADDRESS 1129 N. Caroline Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11383

11384 CERTIFICATE OF DEATH Reg. Dist. No. 7 4

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 6yrs. 3mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2834 O'Donnell St. - Balto. 24

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) -- (Last) Libkey

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. 9-26-1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: James E. Flynn

14 MOTHER'S MAIDEN NAME: Mary Boyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ---- (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. -----

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Coronary obstruction	1 hr.
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Chronic myocarditis	5 yrs.
	DUE TO (C) Generalized arteriosclerosis	10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -----

19A. DATE OF OPERATION: -----

19B. MAJOR FINDINGS OF OPERATION -----

20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ----- M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 3-4- , 1949, to 12-29- , 19 54 that I last saw the deceased alive on 12-28- , 1954, and that death occurred at 8:50A M, from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. ADDRESS M.D. Springfield Hosp., Sykesville DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12-31-54

NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus

LOCATION (City, town, or county) (State) Furman Hill Rd Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-54

REGISTRAR'S SIGNATURE John W. Hudson

24 FUNERAL DIRECTOR Duda, Inc.

ADDRESS 2829 Hudson St.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11384

11385 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2847 W. Cold Spring Lane

3. NAME OF DECEASED: (Type or Print) (First) FREDA (Middle) NANCY (Last) MAGARAM

4. DATE OF DEATH: (Month) (Day) (Year) December 23 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-29-13

9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Latvia

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Julius Magaram

14. MOTHER'S MAIDEN NAME: Eva Shaye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk- (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

410 X
IMMEDIATE CAUSE (A) Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Severe hypertension. — 32 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenic reaction, paranoid type. — 16 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8 ..., 1954., to 12-23, 1954, that I last saw the deceased alive on .... 12-23., 1954., and that death occurred at 11:55 A M, from the causes and on the date stated above.

SIGNATURE Walther E. Brunnschweiler M.D. M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-24-54
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 23, 1954
REGISTRAR'S SIGNATURE C. Harry Weiss
24. FUNERAL DIRECTOR Jack Lewis Inc
ADDRESS 2100 Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11385

11386

CERTIFICATE OF DEATH

Reg. Dist. No. 26

Items 5,6,7, FilmC175 12-27-54 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 80 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 2

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) THOMAS (Last) MYERS

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-1-1854

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer (Dairy)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Charles Trumbine Manchester Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia (Prob Virus) — Interval Between Onset and Death: 7 da

Antecedent cause(s) DUE TO (b) Chronic Myocarditis — Several yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c) Arteriosclerosis (Cor) Prostatic Hypertrophy — Several yrs / Several yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 19 54, to Dec 18, 19 54, that I last saw the deceased alive on Dec 17, 19 54, and that death occurred at 3:30 A.M. 12-18-54 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wilbur Speicher MD Westminster Md 12-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec. 21-1954 — NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery — LOCATION (City, town, or county) Westminster R.D. (State) Md.

DATE REC'D BY LOCAL REG. Dec. 18 1954 — REGISTRAR'S SIGNATURE Harriet Nelles

24. FUNERAL DIRECTOR H. Bankard & Son Westminster Md. — ADDRESS

DEC
BUREAU V. S.

11387

11386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1410

1. PLACE OF DEATH
COUNTY: CARROLL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.F.D. 5 TAYLORSVILLE
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAYLORSVILLE R.F.D. 6
STREET ADDRESS (If rural, give location): TAYLORSVILLE R.F.D. 6

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELVA	MAY	NUSBAUM	12	10	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 yr. Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	Married	5/18/1919	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Maryland	U.S.A.

13. FATHER'S NAME: KINLEY W. DORSEY

14. MOTHER'S MAIDEN NAME: MYRA FOGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Charles W. Nusbaum Westminster R.F.D. 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma - Cervix - With Carcinomatosis — 13 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16/54, 19..., to 12/10/54, 19..., that I last saw the deceased alive on 12/10/54, 19..., and that death occurred at 8.50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson	M.D.	New Windsor, Md.	12/10/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/13/1954	Rocky Hill	Nr, Woodsboro	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/13/54	L E Bowers	G.C. Barton	Walkersville Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 21 Film G174 12-17-54 ams

11388

CERTIFICATE OF DEATH

Reg. Dist. No. 11387 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Near Mission — LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sams Creek

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural give location) Sams Creek

3. NAME OF DECEASED: (Type or Print) (First) MARSHALL (Middle) N. (Last) NUSBAUM

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1954

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married — 8. DATE OF BIRTH: 1/29/1868 — 9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer retired — 10b. KIND OF BUSINESS OR INDUSTRY: owner — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Josiah Nusbaum — 14. MOTHER'S MAIDEN NAME: Margaret Null

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Maude S. Nusbaum, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 9040 — (a) General Debility — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Fracture of Rt. Hip (Femur) — DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) nr. New Windsor — (COUNTY) Carroll — (STATE) Md

TIME OF INJURY (Month) Oct (Day) 28 (Year) 54 (Hour) 10 A.m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? Fell

22. I hereby certify that I attended the deceased from Oct. 28, 1954, to Dec. 7, 1954, that I last saw the deceased alive on 12-6-, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

T. H. Legg M.D. — Union Bridge Md — 12-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/10/54 — NAME OF CEMETERY OR CREMATORY Bethel Cemetery — LOCATION (City, town, or county) Sams Creek — (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 10/54 — REGISTRAR'S SIGNATURE Ernie S Benedict — 24. FUNERAL DIRECTOR — ADDRESS

D. O. Hartsock & Sons — New Windsor, Md.

Z.B.

VS. A15

RECEIVED
DEC 13
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11389

11389 **CERTIFICATE OF DEATH** Reg. Dist. No. 82-83

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Woodbine
LENGTH OF STAY (in this place) unkn.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodbine
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Harold (Last) PICKETT

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: December 12, 1919

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hospital attendant

10B. KIND OF BUSINESS OR INDUSTRY: hospital

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George N. Pickett

14. MOTHER'S MAIDEN NAME: Julia Yohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes If Yes, give war or dates of service: 2nd World - 1945-46

16. SOCIAL SECURITY NO. 218-07-7261

17. INFORMANT & ADDRESS: Wife, Mary Pickett, Woodbine, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Streptococcal sore throat — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) --- DUE TO ---

(C)

SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH. ---

19A. OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ---

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Dec. 1st, 1954, to Dec. 2, 1954 that I last saw the deceased alive on Dec. 2, 1954, and that death occurred at 9 A. M, from the causes and on the date stated above.

SIGNATURE Florian Nadolski — ADDRESS Florian Nadolski, M.D Sykesville, Maryland — DATE SIGNED 12/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 12-6-1954 — NAME OF CEMETERY OR CREMATORY Brandenburg — LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12/8/54 — REGISTRAR'S SIGNATURE Robert Hewitt

24. FUNERAL DIRECTOR C.M. Waltz, ADDRESS Winfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11380

11390 CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster 7 mi. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Wakefield Dairy)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) Wakefield Dairy

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) CARROLL (Last) RICKELL

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	White	married	Dec. 6, 1875	79 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Westminster	U.S.A.

13. FATHER'S NAME: Adam Rickell

14. MOTHER'S MAIDEN NAME: Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	—	Mrs. Charles C. Rickell, Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Renal Disease — Interval Between Onset And Death: 1 yr 2 several yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) marked cerebral involvement arteriosclerosis (senile)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March ..., 19 52, to Dec 19, 19 54, that I last saw the deceased alive on Dec 18, 19 54, and that death occurred at 5:00 AM 12-19-54, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Glenn Speicher	Westminster Md	12-21-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 22/54	St. Johns Cemetery	Westminster, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS:
12-20-54	Harriet Snader	J. F. Myers Jr.	Westminster Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11352 CERTIFICATE OF DEATH

Reg. Dist. No. 1139B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ibex Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) PHILIP (Middle) W (Last) RILL

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: Feb 25 1875 — 9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired — 10b. KIND OF BUSINESS OR INDUSTRY: farm — 11. BIRTHPLACE (State or foreign country): md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leonard Rill — 14. MOTHER'S MAIDEN NAME: Elizabeth Leipp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) No — 16. SOCIAL SECURITY No.: — — 17. INFORMANT & ADDRESS: Mrs Chas Walsh, Westminster Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) myocardial degeneration — Interval Between Onset And Death: 1-4 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1954, to Dec 29, 1954, that I last saw the deceased alive on Dec 28 1954, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reese Wilkens, M.D. — ADDRESS Westminster — DATE SIGNED 12-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 2-1954 — NAME OF CEMETERY OR CREMATORY Medley — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-4-55 — REGISTRAR'S SIGNATURE Hamitt Miller

24. FUNERAL DIRECTOR Edw C Upton — ADDRESS Hampstead Md

VS. A15

JAN 6 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11391

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11391

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester | LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arm
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
EARL	J.	RING	December 1 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Apr. 30-1908	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Athens - Ga	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Ring	Annie E. Kincaid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	223-10-7897	Carrie Lee Ring - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. C. Porterfield	M.D	Hampstead, Md	12/1/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 4-54	Hossops Cemetery	Cockeysville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 4 1954	K. W.	F. B. Wisbert	1300 Eastern Ave.

17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11392

11392 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Carroll Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) /
LENGTH OF STAY (in this place) Unk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sykesville [redacted].

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [redacted]. 405 Delaware Ave
STREET ADDRESS (If rural give location) 405 Delaware Ave.

3. NAME OF DECEASED: (Type or Print) John (First) W. (Middle) Ritter (Last)

4. DATE OF DEATH (Month) Dec. (Day) 24 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Jan. 25, 1870
9. AGE last birthday: 84 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Truck Farmer
11. BIRTHPLACE (State or foreign country): Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Ritter
14. MOTHER'S MAIDEN NAME: Anna K. Regner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT & ADDRESS: Mr. Wm. Ritter Route 15 #283 Bowleys Quarters Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Auricular flutter — DUE TO — One year

(C) Generalized arteriosclerosis — 10-15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Prostate hypertrophy Grade III

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ ~~, 19~~ ~~, to~~ , 19 , that I last saw the deceased ~~alive on~~ ~~, 19~~, and that death occurred at 2:10 PM from the causes and on the date stated above.

SIGNATURE Bertrand N. Green M. D. ADDRESS Sykesville Md. DATE SIGNED 12-24-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12/27/54
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Balto. (State) MD.

DATE REC'D BY LOCAL REGISTRAR Dec. 30, 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd. 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11393

CERTIFICATE OF DEATH

11394

Reg. Dist. No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) OSCAR (Last) SCHAEFER

4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Oct 19-1904

9. AGE last birthday: 50 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Owner

10b. KIND OF BUSINESS OR INDUSTRY: antique store

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo W Schaefer

14. MOTHER'S MAIDEN NAME: Ida Corbin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-10-6651

17. INFORMANT & ADDRESS: Mrs W O Schaefer. Hampstead Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Brain Tumor left temporal lobe — Interval Between Onset And Death: 4 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1954 | 19b. MAJOR FINDINGS OF OPERATION: Malignant Brain Tumor | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ,1954, to Dec 27, 1954, that I last saw the deceased alive on Dec 27 1954, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.C. Porterfield | ADDRESS Hampstead, Md | DATE SIGNED 12/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-31-54 | NAME OF CEMETERY OR CREMATORY Manchester | LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/28/54 | REGISTRAR'S SIGNATURE Henry J Reus

24. FUNERAL DIRECTOR Edw Shipton | ADDRESS Hampstead Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11394 **CERTIFICATE OF DEATH** Reg. Dist. No. 11395

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 2yr. 8½mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 35 N. Decker Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (Last) SCHULZE

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-20-73

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bernard Schulze

14. MOTHER'S MAIDEN NAME: ? Gablein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO -----

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1 (A) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 72 hours

ANTECEDENT CAUSE (B) DUE TO: Pulmonary tuberculosis - minimal — Years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002 X (C) DUE TO: Arteriosclerotic cardiovascular disease — Years

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH. CBS assoc. with disturbance of metabolism, growth or nutrition, senile brain disease, with psychotic reaction. — Years

19A. OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7 , 1952, to 12-28 , 1954, that I last saw the deceased alive on 12-28 , 1954, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE Ray F. Hayes M.D. ADDRESS Springfield State Hospital DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan. 1, 1955 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-31-54 — REGISTRAR'S SIGNATURE R. W. Hench

24. FUNERAL DIRECTOR John A. Moran — ADDRESS 3000 E. Balto. St.

Per Edwin M. Steiner

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11396

11395 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 7/13/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 1-4
STREET ADDRESS (If rural give location) 818 W 35th st.

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Ernest (Last) Scott

4. DATE OF DEATH: (Month) Dec (Day) 24 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower | 8. DATE OF BIRTH: 9/25/1870 | 9. AGE last birthday: 84 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Anne Arundel County Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Scott
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS. Records of Springfield State Hospita

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — few minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO Arteriosclerotic heart disease — more than 5 years

(C)

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome associated with circulatory disturb., with cerebral arterioscler., with psychotic reaction. — 4 years

19A. OPERATION: —
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) — —
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — —
21E. INJURY OCCURRED While at work ☐ Not while at work ☐ —
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7-13- , 19 54 to 12-24- , 19 54 that I last saw the deceased alive on 12-24- , 19 54, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

SIGNATURE Florian Nadolski M. D. ADDRESS Sykesville, Md DATE SIGNED Dec. 24, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF DEC 27 1954
NAME OF CEMETERY OR CREMATORY MT. CARMEL
LOCATION (City, town, or county) (State) MOUNTAIN ROAD PASADENA. MD.

DATE REC'D BY LOCAL REGISTRAR Dec 27 1954
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR H. E. Dingman
ADDRESS Glen Burnie, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11397

11396 CERTIFICATE OF DEATH Reg. Dist. No. .. ... .

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 27y 10mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) ?

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) (Last) Shetter

4. DATE OF DEATH: (Month) 12 (Day) 24 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced | 8. DATE OF BIRTH: May-12-1884 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Benjamin Chenoweth | 14 MOTHER'S MAIDEN NAME: Mary Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral hemorrhage — 2 1/2 hrs

ANTECEDENT CAUSE (S) DUE TO (B) General arteriosclerosis — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia, paranoid type — 38y +

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July-1, 1950, to Dec-24, 1954, that I last saw the deceased alive on Dec-24-1954, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE Walther H. Sommenfeldt M. D. ADDRESS Springfield State Hospital DATE SIGNED 12/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Dec 28/54 | NAME OF CEMETERY OR CREMATORY Prospect Hill | LOCATION (City, town, or county) (State) Govans, Md

DATE REC'D BY LOCAL REGISTRAR 12-27-54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Lunsten E. Donovan | ADDRESS 3818 Nolan

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11398

11397 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 16yr7mo21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) Unk.

3. NAME OF DECEASED: (Type or Print) (First) FRIEDA (Middle) (Last) SIEGEL

4. DATE OF DEATH. (Month) December (Day) 31 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 29, 1916

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bundle wrapper

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max Siegel

14. MOTHER'S MAIDEN NAME: Sara Fienberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4-91X (A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Aspiration - type

(C) DUE TO Brain pathology to be determined — years

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia, catatonic type. — Years

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1954, to Dec. 31, 19 54 that I last saw the deceased alive on Dec. 30, 1954, and that death occurred at 2:55 A.M., from the causes and on the date stated above.

SIGNATURE Walter H Sonnenschein M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 3/55 — NAME OF CEMETERY OR CREMATORY Beth Hamedrash Hagadol — LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 31, 1954 — REGISTRAR'S SIGNATURE C. Harry Zeller

24. FUNERAL DIRECTOR Sol Fineman Bus — ADDRESS 1126 W North ave

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1955
BUREAU V. S.

11398

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11398

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1mo. 23days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) Unk

3. NAME OF DECEASED: (First) DAVID (Middle) (Last) SMILEY

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10-31-1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Unk -

10B. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Unk -

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk -

14. MOTHER'S MAIDEN NAME: Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk - (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS assoc. with disturbance of metabolism, growth or nutrition, with senile brain disease, 6months with psychotic reaction.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-22, 1954, to 12-27, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 6:00PM, from the causes and on the date stated above.

SIGNATURE Arthur H Sommerfield M.D ADDRESS Springfield State Hospital DATE SIGNED 12/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Interment DATE THEREOF 1/3/55. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 3, 1955 REGISTRAR'S SIGNATURE C. Emory Read

24. FUNERAL DIRECTOR Wm. F. A. Hawley ADDRESS 575 Dodd St.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11400

Reg. Dist. No. 80

11399

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural New Windsor
LENGTH OF STAY (in this place) 63 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural New Windsor
STREET ADDRESS (If rural, give location) # 2 R.D.

3. NAME OF DECEASED: (Type or Print) (First) EARL (Middle) THORNTON (Last) SMITH

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 3-1891

9. AGE Last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Ret.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Smith

14. MOTHER'S MAIDEN NAME: Sally Shuey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 220-16-6314

17. INFORMANT & ADDRESS: Miss Edna Smith New Windsor Md. R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

'51X

Immediate cause (a) Carcinoma Stomach - Cardiac end - DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 years ?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1953 -

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Cardiac end Stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 52, to 12/8, 19 54, that I last saw the deceased alive on 12-6, 19 54, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE James I. Mosser (DEGREE OR TITLE) M. D ADDRESS Baltimore Md DATE SIGNED 12/9/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF Dec 10-1954 — NAME OF CEMETERY OR CREMATORY Stone Chapel Cem. — LOCATION (City, town, or county) Millford — (State) Md.

DATE REC'D BY LOCAL REG. Dec 9/54 — REGISTRAR'S SIGNATURE Orcie E Benedict — **24. FUNERAL DIRECTOR** H Bankard Son — ADDRESS Westminster, Md.

RECEIVED
DEC 13 19
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11401

11400

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville; LENGTH OF STAY (in this place) 29yrs. 3month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 1865 Penna. Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) SNYDER

4. DATE OF DEATH: (Month) (Day) (Year) DECEMBER 10 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 26, 1883

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Olive Snyder

14. MOTHER'S MAIDEN NAME: Annie Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Paralytic ileus — INTERVAL BETWEEN ONSET AND DEATH over 4 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) Terminal Bronchopneumonia — 4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with Mental Deficiency — Many Years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1954, to 12-10..., 1954, that I last saw the deceased alive on ...12-10..., 1954, and that death occurred at 8:50 PM, from the causes and on the date stated above.

SIGNATURE Walter K. Sommerfeldt M. D. ADDRESS Springfield State Hospital DATE SIGNED 12-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Dec 13/54

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown Md

DATE REC'D BY LOCAL REGISTRAR Dec. 11, 1954

REGISTRAR'S SIGNATURE C. Harry Weis

24. FUNERAL DIRECTOR A K Coffman ADDRESS Hagerstown, Md.

DEC 14
BUREAU V. S.

11401

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11402 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Manchester Md
LENGTH OF STAY (in this place) 72 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) HENRY (Last) Swam Sr

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: June 19-1908

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elsie Swam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 217-03-1283

17. INFORMANT & ADDRESS: John H Swam Jr Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxiation DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Aspiration of Vomitus DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home

21c. (City or town, (County) (State) Manchester Carroll Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 24 1954 7p. M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Aspirated vomitus while under influence of alcohol.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V Smith M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Dec 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec 27/54

NAME OF CEMETERY OR CREMATORY Kimlah

LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REG. Dec. 25/54

REGISTRAR'S SIGNATURE M. D. WPS - Denner

24. FUNERAL DIRECTOR ADDRESS Eva Clifton Hampstead Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11403

11402

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
MARYLAND
LENGTH OF STAY (in this place) 5month7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ashton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) ROBERT (Last) TOLLEY

4. DATE OF DEATH: (Month) (Day) (Year) December 31 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH. 3-11-73

9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min. 81 yrs.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blast furnace operator

10B. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk -

14. MOTHER'S MAIDEN NAME: Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk -

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 231X

(A) DUE TO Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 44 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic cardio-vascular disease 4 yrs.

(C)

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH CBS associated with senile brain disease, with psychotic reaction. 2 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1, 1954 to 12-31, 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at 10:35 M, from the causes and on the date stated above.

SIGNATURE Walter H. Somerfield M.D. ADDRESS Springfield State Hospital DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF Jan 3 1955 — NAME OF CEMETERY OR CREMATORY Riverview Cem. — LOCATION (City, town, or county) Boston (State) Virginia

DATE REC'D BY LOCAL REGISTRAR Dec. 31, 1954 — REGISTRAR'S SIGNATURE E. Hilary Ward

24. FUNERAL DIRECTOR, Carl Zimmerman — ADDRESS

RECEIVED
JAN 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11404

CERTIFICATE OF DEATH

11403

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) 1256 N. Broadway

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Killian (Last) Torrence

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-25-21

9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lincolnton, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) II

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death: 1946

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14 ..., 1954 .., to 12-22 ..., 19 54, that I last saw the deceased alive on 12-22-54 ..., and that death occurred at 2:20 a. m., from the causes and on the date stated above.

SIGNATURE J. F. Westal (Degree or title) M. D. ADDRESS Henryton, Md. DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-24-54 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) Baltimore (State) Md.

DATE RECD BY LOCAL REGISTRAR 12-22-54 — REGISTRAR'S SIGNATURE Albert R Grandhan

24. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter — ADDRESS 1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11405

11404

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (give nearest town) Hampstead (Rural) — LENGTH OF STAY (in this place) 15-yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VERNON (Middle) N (Last) TRACEY

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Mar 3-1899

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Stone Quarry

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph N. Tracey

14. MOTHER'S MAIDEN NAME: Maggie M Wimes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 219-01-2165

17. INFORMANT & ADDRESS: Mrs Vernon Tracey, Hampstead Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: ½ hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked Pulmonary Fibrosis (Silicosis?) — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1954, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 19, 1954, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE M. C. Porter fried — (Degree or title) M.D. — ADDRESS Hampstead, Md — DATE SIGNED 12-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 3/55 — NAME OF CEMETERY OR CREMATORY Sunderburg — LOCATION (City, town, or county) Carroll Co — (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/1/55 — REGISTRAR'S SIGNATURE Henry A Reis

24. FUNERAL DIRECTOR Edel E Clifton — ADDRESS Hampstead Md

VS. A15

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11405

2411 N. Charles Street, Baltimore

11406

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mr Hampstead; LENGTH OF STAY (in this place) 28 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Md.; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edith	Zulemia	Tull	Dec	28	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	widowed	Oct 16-72	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
house wife	Housekeeping	Balto. Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Emanuel Lewis Lefko	Ann Caroline Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	Harriette Zulemia Tull Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Apoplexy affecting rt. side	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis – BP. 220/105	2
	(c) General deterioration	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 15, 1954, to Dec 27, 1954, that I last saw the deceased alive on Dec 27, 1954, and that death occurred at 1 A.M., Dec 28-54, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Orie E. Fowble MD.	Upperco, Md.	Dec 28-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 30-1954	Greenley	Manchester Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/28/54	Henry Kerns	Edw Clifton	Hampstead Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11406

CERTIFICATE OF DEATH

Reg. Dist. No. 11407 74

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 3yr9mo2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville
STREET ADDRESS (If rural give location) 17 X-2

3 NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) (Last) USILTON

4. DATE OF DEATH: (Month) December (Day) 30 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ? - 18-81
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Usilton
14. MOTHER'S MAIDEN NAME: Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16 SOCIAL SECURITY NO. [illegible]
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C) Pulmonary tuberculosis - arrested — Years

II SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia, hebephrenic type in a mental defective, plus pulm. tuberculosis. — Years

19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28, 1951, to 12-30, 1954, that I last saw the deceased alive on 12-30, 1954, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE Walter H. Sommerfeld M. D. ADDRESS Springfield State Hospital DATE SIGNED 12/31/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 1/3/55 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REGISTRAR Jan 3, 1955 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR? [illegible] — ADDRESS [illegible]

RECEIVED
JAN 4 1955
BUREAU V. S.

11468

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11407

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middleburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Norris (Last) Walden

4. DATE OF DEATH: (Month) (Day) (Year) December 19, 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 19, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME. John B. Norris

14. MOTHER'S MAIDEN NAME: Emily A. Clemson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Earl Shriner, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic C.V disease — 4 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Home

21C. WHERE DID INJURY OCCUR? (City or town) Middleburg (County) Carroll (State) Md

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 25 54 P.M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR? Fell in yard

22. I hereby certify that I attended the deceased from July 25, 1954, to Dec 19, 1954, that I last saw the deceased alive on Dec 19, 1954, and that death occurred at 7:25 P M, from the causes and on the date stated above.

SIGNATURE James L. Thomas M. D. ADDRESS Westminster Md DATE SIGNED 12/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 12/22/54

NAME OF CEMETERY OR CREMATORY Middleburg, Cemetery

LOCATION (City, town, or county) Middleburg, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Dec. 21, 1954

REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR C.O. Fuss & Son, Taneytown, Maryland ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11409

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11408 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) Unk -

3. NAME OF DECEASED: (First) JOHN (Middle) (Last) WALLS
(Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year) December 21 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: Unk -
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? Unk -

13. FATHER'S NAME: Unk -
14. MOTHER'S MAIDEN NAME: Unk -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk -
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion	Minutes
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Cardio-vascular Disease	Years
DUE TO	(C) Cardiac Hypertrophy	Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Paranoid condition	Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1954, to 12-21., 1954, that I last saw the deceased alive on 12-21., 1954, and that death occurred at 11:25 P M, from the causes and on the date stated above.

SIGNATURE Edward Linthans
ADDRESS M. D. Springfield State Hosp.
DATE SIGNED 12-22-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 12.23.54
NAME OF CEMETERY OR CREMATORY University Medical School
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 23, 1954
REGISTRAR'S SIGNATURE C. Henry Treen
24. FUNERAL DIRECTOR Francis A. Hemsley
ADDRESS 5782 W. Baltimore St. Balto

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11410

11409

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg, md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location) Finksburg md

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) CATHARINE (Last) WAREHIME

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	white	Married	July 13. 1891	73 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Lady	Md.	U.S.A

13. FATHER'S NAME: Christian Monath

14. MOTHER'S MAIDEN NAME: Catharine Krentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	None	Denton M. Warehime Finksburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Cervix — DUE TO — Interval Between Onset And Death: 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 49, to Dec 29, 1954, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 7:30 P M, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Froard	M.D.	Manchester Md	12/29/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 1 1954	Lazarus Church	Finksburg	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 30-54	Mrs. W.F. Donner	H.C. Segafoose & Son	Glen Rock Pa

RECEIVED
JAN 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11411

11410

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 13yr1mo26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) Unk

3. NAME OF DECEASED: (First) ANITA (Middle) (Last) YOUNG

4. DATE OF DEATH: (Month) (Day) (Year) December 29 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ? 1919
9. AGE last birthday 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Unk
12. CITIZEN OF WHAT COUNTRY? Unk

13. FATHER'S NAME: Unk
14. MOTHER'S MAIDEN NAME: Lillian ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350X

IMMEDIATE CAUSE (A) Pulmonary embolism — 10 hours

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Parkinson Syndrome — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with post- encephalitis behavior disorder and Parkinson Syndrome — Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1954, to 12-29, 1954, that I last saw the deceased alive on 12-29, 1954, and that death occurred at 1:45 A M, from the causes and on the date stated above.

SIGNATURE Edmund Leuthans
ADDRESS M. D. Springfield State Hosp.
DATE SIGNED 12-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 12-31-54
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 29, 1954
REGISTRAR'S SIGNATURE C Henry Tilden
24. FUNERAL DIRECTOR Wm Cook, Inc.
ADDRESS 1217 E Baltimore St. Balto.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11412

11411 CERTIFICATE OF DEATH Reg. Dist. No. 75

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural) LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester (Rural)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROCK (Middle) H N (Last) ZUMBRUM
4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 1954
5. SEX: M
6. COLOR OR RACE? W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH: Oct 27-1897
9. AGE Last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Henry N Zumbrum
14. MOTHER'S MAIDEN NAME: Ida E. L Rhodes.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 220-07-3312
17. INFORMANT & ADDRESS: Mrs Rock Zumbrum. Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — 5 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11 a m 1947, to Dec 13, 1954, that I last saw the deceased alive on Dec 6, 1954, and that death occurred at 12/13/54, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. N. Hoard M. D Manchester Md 12/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR ~~CREMATORY~~ LOCATION (City, town, or county) (State)
Burial Dec 16-1954 Wesley Carroll Co Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Dec. 13-54 Mrs. M.P. Demmer Edw C Tipton, Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1954
BUREAU V. S.